

DSS Name:
DSS Number:

DSS-1263
Rev. (10/01)

**COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES
TITLE IV-E AND CHILD SUPPORT CHANGE OF STATUS**

TO: DATE:

FROM: FSW PHONE#:

CHILD'S NAME: DSS CASE #:

SSN#: DOB:

PARENT'S NAME: SSN#: SSN#:

1. Change in Placement: Type of Change;

- | | |
|---|---|
| <input type="checkbox"/> Family Foster Home | <input type="checkbox"/> Relative Placement |
| <input type="checkbox"/> Residential Group Home | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> Kinship Care | <input type="checkbox"/> Private Child Care |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> AWOL |
| <input type="checkbox"/> CFC No longer has legal responsibility | <input type="checkbox"/> Other |
| <input type="checkbox"/> Return to Home – Trial Visitation | |

Date of Change:

Name and address of new placement: , , , , ,

2. Change in Court Ordered Support: Date of Court Order: (attach copy)

- | | |
|---|---|
| <input type="checkbox"/> Change in Support Amount | <input type="checkbox"/> Termination of Support |
| <input type="checkbox"/> Support Initiated | <input type="checkbox"/> Non-enforcement (Good Cause) |

3. Court order of Custody/Commitment on child who entered care via Voluntary Commitment Agreement: Date of Court Order: (attach copy) Must be done within 180 days of signing of VCA.

4. Termination of Parental Rights: Date of Termination: Mother (attach copy)
Date of Termination: Father (attach copy)

- ☐ Voluntary Termination
☐ Court Ordered

5. Parental Situation:

- ☐ If removed from one parent, have both parents reunited? ☐ Yes Date:
☐ If removed from both parents, has one gained full-time employment? ☐ Yes Date:
☐ If removed from both parents, one of whom is disabled, does disability continue? ☐ Yes ☐ No
If no, date ended:
☐ Have parents, or has DSS case responsibility, moved to a new district? ☐ Yes ☐ No If yes, give date of change:

6. Other Changes: (Child's income, resources, health insurance, etc.):

For use by Children's Benefit worker only.

Date referred to Program Management:

Previous IV-E Status: Eligible ☐ Yes ☐ No; Reimbursable: ☐ Yes ☐ No

New IV-E Status based on change: Eligible ☐ Yes ☐ No; Reimbursable: ☐ Yes ☐ No